



State of New Hampshire

Banking Department

64B Old Suncook Rd
Concord, NH 03301

Telephone: (603) 271-3561

Fax: (603) 271-0750

Licensing: (603) 271-8675

www.nh.gov/banking

Peter C. Hildreth
Bank Commissioner

Robert A. Fleury
Deputy Bank Commissioner

RETAIL SELLER APPLICATION INFORMATION

General Instructions

The principal office of the applicant must be licensed wherever it is located. Only those business locations of the applicant that are located in New Hampshire must be licensed as branches. The fee for a retail seller license is \$50 for the principal location. The fee for each NH branch office of the applicant is \$30.

Please make sure the following are included with the application:

- Applicants whose principal place of business is located outside NH must appoint a NH agent. The agent must have a NH business address open during normal business hours.
- Applicants who propose to use a trade name must provide proof of trade name registration issued by the NH Secretary of State. (Telephone Number: 603-271-3244) The "Owner" of the trade name listed on the registration must match the name of the "Applicant". If these are not the same, ownership must be changed through the Secretary of State's office.
- Foreign corporations, foreign limited liability companies and foreign partnerships must provide a copy of their home state registration and proof of registration as a foreign corporation, foreign limited liability company or foreign partnership issued by the NH Secretary of State. (Telephone Number: 603-271-3244)
- A list of all, (a) owners of 10% or more of a corporation, (b) general partners, (c) members of an LLC or LLP, (d) senior officers, (e) directors and (f) managers of New Hampshire branch offices, must be included with the application and financial/criminal investigation authorization/release forms must be included for each person on the list.
- Copies of resumes for senior management personnel and NH branch managers.

Please make sure that all items on the application form are completed and all attachments, numbered to correspond to the question or item to which they respond, are enclosed with the application filing. Please include the applicant's name on each attachment. Inclusion of a list/index of attachments is recommended. Care in providing all the required information will result in the filing of a complete application and will enable us to expeditiously review the application without the need to write for further information.

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FORM 361-A-2RS

APPLICATION FOR RETAIL SELLER LICENSE

Application Fees

License type applied for:

____ Retail Seller Principal Office (\$50)

Each branch office of the applicant located in New Hampshire must be licensed to conduct retail seller activity. Enter the number of NH branch offices: _____ NH Branch Offices (\$30 per Office)

Make Check Payable To: "STATE OF NEW HAMPSHIRE"

Complete all items, sign and notarize the affirmation.

Date of this filing: _____, 200____

FOR OFFICE USE ONLY

Ck. # _____

Amt. \$ _____

Rec'd by _____ Date _____

Entered By _____ Date _____

App. Complete _____ Date _____

Approved By _____ Date _____

Pr. Lic. # _____ Date Mailed _____

NAME AND IDENTIFICATION OF APPLICANT

1. Legal name of applicant: _____

Will applicant do business under a trade name? _____ ("yes" or "no"; if "yes", state the trade name and attach copy of trade name registration issued by NH Secretary of State. The trade name provided below must match the trade name registration issued by NH Secretary of State)

Trade Name: _____

2. Address of applicant: _____
(Principal Office \$50) (Street) (City) (State) (Zip)

Mailing address, if different: _____
(Street or PO Box) (City) (State) (Zip)

Communications: _____
(Tel. no.) (Fax no.) (Cell) (E-mail Address)

3. Applicant's federal tax ID number: _____ Applicant's fiscal year end date: _____
(MM/DD/YY)

4. Enter the license number of the Bonded Dealer License issued to the Applicant by the New Hampshire Department of Safety
_____ .

5. Branch Offices: all locations in the State of New Hampshire of the retail seller applicant must be licensed as branches (attach an additional sheet if necessary; enclose \$30 per branch location; attach a resume for each branch manager).

[illegible]

EXECUTIVE OFFICER/PRINCIPAL CONTACT PERSON

(ALL MAIL AND CORRESPONDENCE WILL BE ADDRESSED TO THE INDIVIDUAL LISTED BELOW, INCLUDING LICENSES. OUR DATABASE CANNOT ACCOMMODATE EXCEPTIONS.)

6. President, Chief Executive Officer or Senior Partner of Applicant:

Name _____ Title: _____

Business Address: _____
 (Street) (City) (State) (Zip) (Direct Line Telephone)

Mailing Address: _____
 (Street) (City) (State) (Zip)

E-Mail Address: _____

☐ Check here if you wish to have important notices sent via e-mail.

Applicant's Web Address: _____

APPLICANT'S LEGAL STATUS

7. Applicant is a: (check one) Corporation _____ Individual _____ Partnership _____
Association _____ Limited Liability Company _____
Other (specify) _____

A. If the applicant is an individual, skip to question 8. All others please provide date and state of incorporation or formation, as applicable, and attach copy of Certificate of Incorporation or Certificate of Formation issued by the appropriate agency of the state of incorporation/formation.

State: _____ Date: _____

B. If applicant is not a NH entity, attach a copy of certificate of registration as a foreign entity issued by the NH Secretary of State. (NH Secretary of State, Corporate Division - Phone: 603-271-3244)

N.H. AGENT

8. If applicant's principal place of business is not in New Hampshire, a person located within the State of New Hampshire must be designated as the NH Agent:

Name of Agent: _____ Telephone: _____

Complete street address of NH Agent :

(Please provide a New Hampshire business address)

Mailing Address of Agent: _____

OWNERSHIP AND MANAGEMENT

9. Attach a list of names, business addresses, residence addresses and titles of all of the following that apply: the applicant's A. (1) principal shareholders (10% or more), (2) officers (president, vice president, secretary, treasurer), (3) senior managers (senior vice presidents and higher), and (4) directors of a corporate applicant; B. general partners of a general partnership; C. general and limited partners (10% or more) of a limited partnership; D. members of a limited liability company; and E. trustees and beneficiaries (10% or more) of a trust. If the applicant is a subsidiary, the list must include the principal shareholders (10% or more), senior officers and directors, general and limited partners (10% or more), members, trustees and beneficiaries (10% or more) of the applicant's ultimate equity owner(s) and all intermediate entities. Attach an additional sheet if necessary.

Name	Owner (include % of ownership), Officer, Director, Manager, Member, Trustee (indicate which)	Business Address	Residential Address

EXPERIENCE AND PAST CONDUCT

10. Attach a list of all current lending and/or loan brokering licenses issued by any other state. Attach an additional sheet if necessary. Provide name of state, license type, license number, and expiration date for each license held.

State	License Type(s)	License Number(s)	Expiration Date(s)

11. Has applicant, or any of its owners, directors, partners, members, officers or managers (Sr. VP & higher) ever had a lending or loan brokering license revoked, suspended or denied by this or any other state, or been the subject of any formal disciplinary proceeding? Yes _____ No _____ If yes, provide full details on a separate sheet.
12. Has the applicant or any of its owners, directors, partners, members, officers or managers (Sr. VP & higher; any person with a position named in #8 above) ever been convicted of a misdemeanor or felony? Yes _____ No _____ If "yes", furnish complete details, including dates, location, docket number, nature of crime, penalties, etc. on a separate sheet.

OPERATIONS

13. Will the applicant charge any fees in connection with arranging financing for the borrower? Yes _____ No _____
If "yes", please describe: _____
14. Will the applicant charge an administration fee in excess of documentary fees in connection with arranging financing for motor vehicle purchasers? Yes _____ No _____. If "yes" what is the amount of fees that will be charged? _____
15. How soon are loans assigned to third party correspondent lenders? _____
Please note that unless the company is licensed as a sales finance company, loans must be assigned to a bank or licensed lender within 5 business days, if the contract requires monthly payments, or within 2 business days, if the contract requires payments more frequently than monthly, of the contract's execution by the retail buyer and the retail seller.
16. Will the applicant do "Buy Here, Pay Here" or "In-House" financing? Yes _____ No _____ Please note that if the company provides financing or funds to consumers, rather than obtaining such funding from third party lenders, the company is required to obtain a NH sales finance company license.
17. Will the applicant do "Spot Delivery"? (Deliver the vehicle before financing is approved) Yes _____ No _____ Under NH law, a retail installment contract must be complete as to all its terms before it is signed by a borrower. If the applicant will spot deliver automobiles, will the borrower's down-payment be refunded and trade-in be returned if a change in terms requires the execution of a new contract? Yes _____ No _____
18. Provide a list of correspondent banks and/or other correspondent lenders to be used by the applicant; attach a separate sheet if necessary.

Company Name	Address	Telephone No.	Contact Person

19. Will the applicant sell or fund third party product warranties, vehicle warranties or extended service contracts? _____ Yes _____ No If "yes", provide a list of all such products sold or funded; attach a separate sheet if necessary.

Name/Title of Product	Name of Issuing Company	Company's Address

20. Will the applicant sell and/or finance any type of in-house warranty or extended service contract? _____ Yes _____ No If "yes", attach copies of the approval(s) of such contracts issued by the NH Insurance Department.

PERSON COMPLETING THE APPLICATION:

(Name) (Title) (Direct Telephone No.)

(Mailing Address)

AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this application, including statements made in any accompanying papers, have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I understand that any misrepresentation made to the banking department may result in denial or revocation of the retail seller license to which this form relates.

I acknowledge on behalf of the applicant that the applicant's business, if licensed, will be operated in accordance with the New Hampshire Revised Statutes Annotated and rules of the New Hampshire Banking Department, and further acknowledge that the New Hampshire Banking Department is authorized to conduct investigations of the business affairs and records of the applicant's licensed business at any time with or without notice, and that all books, papers, files, related material, and records of assets, whether electronically stored or otherwise, shall be subject to the Department's examination.

Date: _____

For _____
(Print or type Applicant's or Licensee's name)

By _____
(Print or type name of the authorized signatory)

Signature _____

Title _____

CORPORATE ACKNOWLEDGMENT

State or Province of _____ }
County of _____ } ss

On this _____ day of _____, 20 _____, before me _____,
(Print name of Notary/Jp)
the undersigned officer, personally appeared _____
(Print name of corporate officer signing this document)
known personally to me to be the _____ of the above named corporation and
(Title of officer)

acknowledged that he or she, as an officer being authorized so to do, executed the foregoing instrument
for the purposes therein contained, by signing the name of the corporation by himself or herself as an officer.
IN WITNESS WHEREOF I have hereunto set my hand and official seal.

(SEAL)

Notary Public/Jp Signature
My Commission Expires _____
(Date)

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

State or Province of _____ }
County of _____ } ss.

On this _____ day of _____, 20 _____, before me _____,
(Print name of Notary/Jp)

the undersigned officer, personally appeared _____ known to
(Print name of individual signing this document)

me personally and known to me to be the same person whose name is signed to the foregoing instrument,
and acknowledged the execution thereof for the uses and purposes therein set forth.

In WITNESS WHEREOF I have hereunto set my hand and official seal.

(SEAL)

Notary Public/Jp Signature
My Commission Expires _____



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INSTRUCTIONS TO FORM U-2 N.H. UNIFORM CONSENT TO SERVICE OF PROCESS

1. The name of the applicant for licensure or registration is to be inserted in the blank space on line 1 Uniform Form U-2 ("Form").
2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.
3. The name of the jurisdiction under which the person was formed or is to be formed is to be inserted in the blank spaces on line 3 of the Form.
4. The person to whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces on page 1 of the Form.
5. An original manually signed Form must be filed with each application for licensure or registration.
6. The Form must be signed by the person. If the person is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction of management of its affairs.
7. The form must be notarized.

UNIFORM CONSENT TO SERVICE OF PROCESS

KNOW ALL MEN BY THESE PRESENTS:

That the undersigned _____ a (corporation), (a partnership), (limited liability company) or
 (Name of applicant for licensure or registration)

(_____) organized under the laws of the State of _____, or (an individual), [strike out inapplicable nomenclature] for the purposes of complying with the laws of the State of New Hampshire relating to either licensure as a first or second mortgage broker, first or second mortgage banker, retail seller, sales finance company, small loan lender, debt adjuster or to registration as a mortgage servicing company, hereby irrevocably appoints the Bank Commissioner of the State of New Hampshire and the successors in such office its attorney in the State of New Hampshire upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with business conducted pursuant to said license or registration or out of violation of the aforesaid laws of said state; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within said state by service of process upon said officer with the same effect as if the undersigned was organized or created under the laws of said state and had been served lawfully with process in said state.

It is requested by the applicant that a copy of any notice, process or pleading served hereunder be mailed to:

 (Name)

 (Address)

Dated this _____ day of _____, 20____

(COMPANY SEAL)

By _____
 (Print name of Applicant)

By _____
 (Signature of Officer)

 (Print Name and Title of Officer)

CORPORATE ACKNOWLEDGMENT

State or Province of _____ }
 County of _____ } ss.

On this _____ day of _____, 20____ before me _____,
 (Name of Notary/JP)

the undersigned officer, personally appeared _____
 (Name of corporate officer signing this document)
 known personally to me to be the _____ of the above named corporation and
 (Title of officer)

acknowledged that he or she, as an officer being authorized so to do, executed the foregoing instrument for the purposes therein contained, by signing the name of the corporation by himself or herself as an officer.

IN WITNESS WHEREOF I have hereunto set my hand and official seal.

 Notary Public/JP

(SEAL)

My Commission Expires _____
 (Date)

INDIVIDUAL OR PARTNERSHIP ACKNOWLEDGMENT

State or Province of _____ }
 County of _____ } ss.

On this _____ day of _____, 20____, before me, _____,
 (Name of Notary/JP)

the undersigned officer, personally appeared _____ known to
 (Name of person signing this document)

me personally and known to me to be the same person whose name is signed to the foregoing instrument, and acknowledged the execution thereof for the uses and purposes therein set forth.

In WITNESS WHEREOF I have hereunto set my hand and official seal.

 Notary Public/JP

(SEAL)

My Commission Expires _____
 (Date)



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AUTHORIZATION/RELEASE FORM **FOR RETAIL SELLERS**

INSTRUCTIONS: To be completed by each senior officer (senior vice president and higher), director, branch manager, partner, trustee, member and owner of 10% or more of the applicant. Please type. This form may be duplicated. Publicly traded corporations and the wholly owned subsidiaries of publicly traded corporations that are members or owners may submit the company's or the parent corporation's most recent U.S. Securities and Exchange Commission Form 10-K and 10-Q in lieu of this authorization.

Submitted in connection with an application made for a retail seller license application pursuant to RSA 361-A by:

(Name of Licensee or Applicant)

(Name of Officer, Owner, Director, Manager, Branch Manager, Partner, Trustee, Member)

I hereby authorize the State of New Hampshire Banking Department to request and receive credit reports, tax records; local, state, federal or international governmental records, police and criminal records from any and all law enforcement officials, personal background reports and reports from national and/or regional databases, employment information, current and past record of conduct with any regulatory entity or agency, and further authorize that such information may be released to the State of New Hampshire Banking Department by such entities and/or officials upon presentation of this authorization, or a photostatic copy hereof. I understand that the State of New Hampshire Banking Department will utilize any information it receives as a result of this authorization for purposes of determining compliance with licensing standards set forth in RSA 397-A, 398-A, 399-A, and/or 361-A, as applicable. I understand that this authorization does not expire. If the above applicant is a retail seller, I understand the Department will not request and receive credit reports in my name.

(Type name)

(Date of Birth)

(Signature)

(Date)

(Number and Street Address)

(Title)

(City and State of Residence)

(Social Security Number)

(Zip Code)

INDIVIDUAL ACKNOWLEDGMENT

State or Province of _____ }

County of _____ } ss.

On this _____ day of _____, 20____, before me, _____,
(Print name of Notary/Jp)

the undersigned officer, personally appeared _____ known to
(Print name of individual signing this document)

me personally and known to me to be the same person whose name is signed to the foregoing instrument,
and acknowledged the execution thereof for the uses and purposes therein set forth.

In WITNESS WHEREOF I have hereunto set my hand and official seal.

Notary Public/Jp Signature

(SEAL)

My Commission Expires _____